
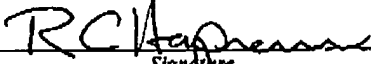


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 3934
Applicant(s): William DeToro			
Application No. 10/694,749	Filing Date October 29, 2003	Examiner Wicker, Amanda Flynn	Group Art Unit 3743
Invention: KNEE BRACE IMMOBILIZER			RECEIVED CENTRAL FAX CENTER AUG 25 2005
<p>I hereby certify that this <u>Amendment</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>August 25, 2005</u> (Date)</p> <p><u>R.C. Harpman</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): William DeToro				3934	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/694,749	October 29, 2003	Wieck, Amanda Flynn	27149	3743	5373
Invention: KNEE BRACE IMMOBILIZER				RECEIVED CENTRAL FAX CENTER AUG 25 2005	
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____					
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature					
R.C. Harpman, Reg. No. 29,802					
Dated: August 22, 2005					
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____					
(Date)					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
cc:					

P11SMALL/REV09

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AUG 25 2005**

Appl. No. : 10/694,749
Applicant : William DeToro
Filed : October 29, 2003
For : KNEE BRACE IMMOBILIZER
TC/A.U. : 3743
Examiner : Wieker, Amanda Flynn

Docket No. : 3934
Customer No. : 27149
Confirmation No. : 5373

Date: August 22, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of June 14, 2005, please amend the above
identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 4 of this paper.

Amendments to the Drawings begin on page 7 of this paper.

Remarks/Arguments begin on page 8 of this paper.